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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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|------------------------|---------------------------------------|--|
| Application Number     | 09/932,122                            |  |
| Filing Date            | August 16, 2001                       |  |
| First Named Inventor   | Tony Baker                            |  |
| Art Unit               | 1634                                  |  |
| Examiner Name          | J.S. Sitton                           |  |
| Attorney Docket Number | 8089-002-US                           |  |

| P.O.  | imissioner fo<br>Box 1450<br>andria, VA 2                   |   |  |          |                          |  |     |         |           |                         |  |
|---|---|---|--|----------|--------------------------|--|-----|---------|-----------|-------------------------|--|
| Please withdraw me as attorney or agent for the above identified patent application, and  |   |   |  |          |                          |  |     |         |           |                         |  |
| all the attorneys/agents of record.   |   |   |  |          |                          |  |     |         |           |                         |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or  |   |   |  |          |                          |  |     |         |           |                         |  |
| 1   | the attorneys/agents associated with Customer Number 502235 |   |  |          |                          |  |     |         |           |                         |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |   |   |  |          |                          |  |     |         |           |                         |  |
| The reasons for this request are: Client has requested to disengage and retain new counsel.   |   |   |  |          |                          |  |     |         |           |                         |  |
|   |   |   |  |          |                          |  |     |         |           |                         |  |
|   |   |   | Carry Commence of the Commence |          | â miras yaqaa ka sayaqay | ************************************** |     |         |           |                         |  |
| CORRESPONDENCE ADDRESS  |   |   |  |          |                          |  |     |         |           |                         |  |
| 1. The correspondence address is NOT affected by this withdrawal.   |   |   |  |          |                          |  |     |         |           |                         |  |
| 2. Change the correspondence address and direct all future correspondence to:   |   |   |  |          |                          |  |     |         |           |                         |  |
| The address associated with Customer Number:  |   |   |  |          |                          |  |     |         |           |                         |  |
| OR  |   |   |  |          |                          |  |     |         |           |                         |  |
| <b>✓</b> Inc  | m o <i>r</i><br>lividual Name                               | Baker Botts, LLP (ATTN:                             | Bruce W. Slay  | den, li) |                          |  |     |         |           |                         |  |
| Address   |   | 1500 San Jacinto Center<br>98 San Jacinto Boulevard |  |          |                          |  |     |         |           |                         |  |
| City  |   | Austin State TX                                     |  |          |                          |  | Zip | 78701   |           |                         |  |
| Country   |   | US  |  |          |                          |  |     |         |           |                         |  |
| Telephone   | Telephone Email   |   |  |          |                          |  |     |         |           |                         |  |
| Signature   | aller hal   | 1 1 21  |  |          |                          |  |     |         |           |                         |  |
| Name  | lame Michael B. Farber, J.D.                                |   |  |          |                          | Registration No. 326                   |     |         | 32612     | 2612                    |  |
| Date  | February 1, 200   | 07  |  |          |                          | Telephone No. 858                      |     |         | 358-200   | -0581                   |  |
|   |   | hen approved rather than wher                       |  |          |                          |  |     | pproval | of withdr | awal and the expiration |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.